Efficacy of the Rehabilitation Planning Consult for Survivors of Head and Neck Cancer: A Phase II Randomized Controlled Trial

Ringash J[1, 2], Dunphy C[1,2], Avery L[1,2], Chahin R[1], Chang E[1,2], Davis AM[2], Jones J[1,2], Martino R[2], Moody L[1], Giuliani M[1, 2], McEwen S[3]

[1]PRINCESS MARGARET CANCER CENTRE, UNIVERSITY HEALTH NETWORK, TORONTO, ONTARIO; [2]UNIVERSITY OF TORONTO, TORONTO, ONTARIO; [3]SELKIRK COLLEGE, CASTLEGAR, BRITISH COLUMBIA

Introduction

- Survivors of head and neck cancer (HNC) have significant lasting impairments
- Rehabilitation resources are poorly integrated into routine cancer care in Canada
- We developed a rehabilitation planning consult (RPC)[1] intervention
- We developed a goal attainment outcome measure, the Brief Rehabilitation Assessment for Survivors of Head and Neck Cancer (BRASH)[2]
- We evaluated the RPC for impact on QOL and goal attainment

The RPC is conducted with a rehabilitation professional over 1-2 collaborative sessions, during which rehabilitation needs are determined, the survivor sets individualized goals and plans, implements plans, and is facilitated to evaluate and modify plans as necessary.

Methods

- We conducted a randomized phase II waitlist control design
  - o Waitlist control (WLC) group received intervention after 3 mo outcome
- Eligibility: HNC patients within 6 months of completion of potentially curative therapy
  - o Fluent in English
  - o Without cognitive impairment
- Outcome: changes in QOL on the SF-36 Physical Health Summary Score (PCS)
  - o Change by arm from baseline to 3 months after enrollment
  - o 2.5 point change defined as clinically meaningful
  - o Goal attainment indicators on the BRASH
  - o Planned subgroup of patients (pts) who set goals

Results

- Of 153 participants recruited:
  - o 77 randomized to receive (RPC)
  - o 76 to wait to receive (WLC) the RPC
  - o 95 (62%) completed the intervention
    - 57 in the RPC
    - 38 in the WLC groups
- No significant between-group difference was seen in:
  - o The proportion of patients achieving a clinically important improvement (2.5 units) on the PCS from baseline to 3 months (46% each group)
  - o Any secondary QOL indicators
- Subset of 67 participants set individualized rehabilitation goals
  - o RPC n= 42, WLC n=-21
  - o BRASH scores on goal performance, satisfaction with goal performance, and confidence in goal attainment were significantly better in the RPC group

Figure 2: Goal Attainment Outcomes on the BRASH: Subgroup Who Set Goals

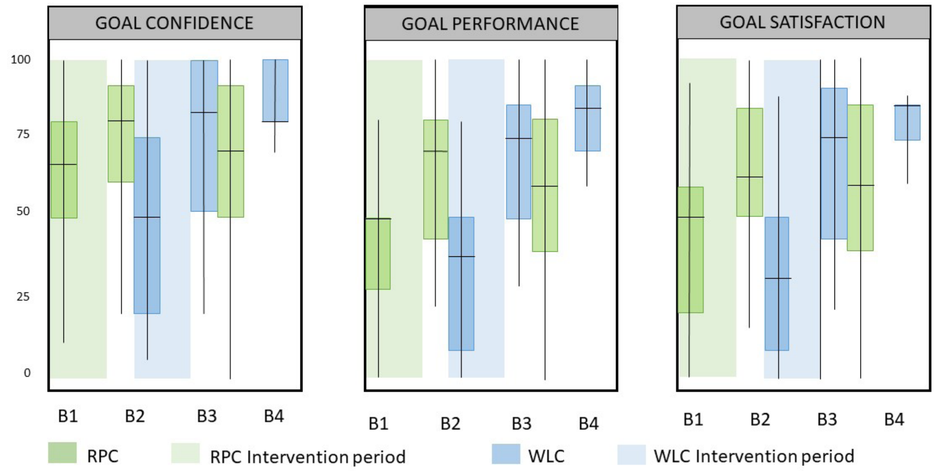
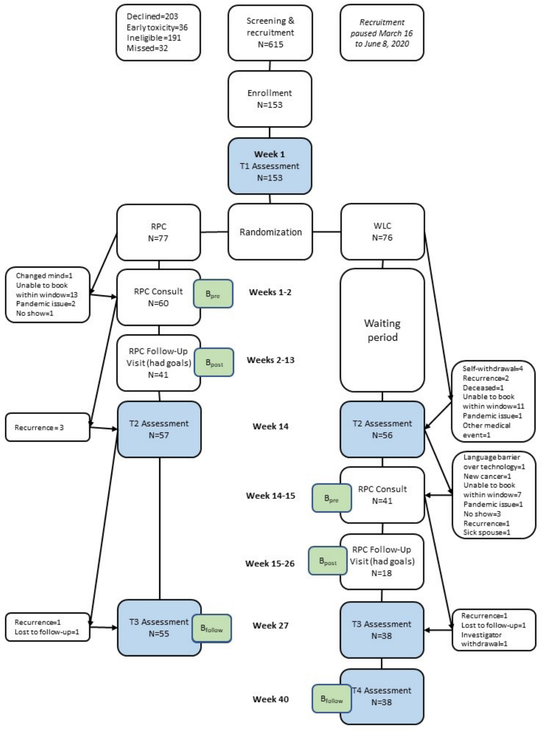


Figure 1. Study Schema



Note: primary endpoint is at B2, which is AFTER the intervention for the RPC group and BEFORE the intervention for the WLC group

Conclusions

- The RPC may benefit patients who set goals in their individualized domains of choice
- No impact was seen on overall QOL
- Future work could refine the subset of patients who benefit and explore the optimal timing and intensity of the intervention.

References

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2. Komar A, Dunphy C, McEwen S, Rios J, Polatajko H, Ringash J. The brief rehabilitation assessment for survivors of head and neck cancer (BRASH): Content and discriminant validity. Rehab Oncology. 2017 Aug 28;36(4):1

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